

24 AUG 2001

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number H 3381 PCT/US
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor Kolowrot, Dirk
COMPLETE IF KNOWN		
Application Number		09/787 ,248
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SPRAYABLE HOT-MELT ADHESIVE

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/14/1999** as United States Application Number or PCT International

Application Number **PCT/EP99/06799** and was amended on (MM/DD/YYYY) (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

<p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p>				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
198 43 141.4	Germany	09/21/1998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(e) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP99/06799	09/14/1999	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer Number _____ or label _____
OR _____

List Attorney(s) and/or agent(s) name and registration number below:

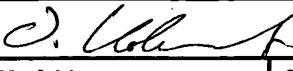
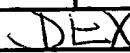
Name	Registration Number	Name	Registration Number
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Glenn E. J. Murphy	33,539		
Stephen D. Harper	33,243		
Kimberly R. Hild	39,224		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Customer Number _____ or label _____ 00423 OR Fill in correspondence address below

Name Kimberly R. Hild
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City Gulph Mills State PA Zip 19406
Country USA Telephone 610-278-4964 Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Dirk	Middle Initial		Family Name	Kolowrot		Suffix e.g. Jr.	
Inventor's Signature						Date	April 06, 2001	
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Post Office Address								
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Additional inventors are being named on supplemental sheet(s) attached hereto

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**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature	<i>Heinrich Traeger</i>					Date	April 06, 2001	
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Post Office Address	Azaleenweg 24							
Post Office Address								
City	40670 Meerbusch	State		Zip		Country	Germany	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City			State		Country			Citizenship
Post Office Address								
Post Office Address								
City			State		Zip		Country	Applicant Authority
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City			State		Country			Citizenship
Post Office Address								
Post Office Address								
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